



Approved for use through 07/31/2005. OMB 0550-0001
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Patent Examination Rules of 1980: no fee is required to respond to a call for information, unless a disclaimer is required.

TRANSMITTAL FORM (to be used for all correspondence to effect a filing)	Application Number	10/722,182
	Filing Date	11/24/2003
	First Named Inventor	Tad Dennis Brockway
	Group Art Unit	2153
	Examiner Name	
Total Number of Pages in This Submission	Attorney Docket Number	MS1-1785US

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Affidavit/Declaration(s)	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input checked="" type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Form FTO-1449 and 1 cited reference Return Receipt Postcard
<input type="checkbox"/> Certified Copy of Priority Documents	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Remarks	

22801

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Print or Individual Name	Brian G. Hart/Rog. No. 44421
Signature	<i>Brian G. Hart</i>
Date	02/23/2005

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.	
Typed or printed name	LeAnn M. Saccman
Signature	<i>LeAnn M. Saccman</i>
Date	2/23/05

This collection of information is required by 37 CFR 1.9. The information is required to obtain or retain a benefit by the public which is to be granted by the USPTO to persons who apply for a Confidentiality, as provided by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, reviewing and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and any suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2



BEST AVAILABLE COPY

Approved for use through 6/30/2003. OMB 4301-0002
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
The Information Provided Act of 1993, no person is required to respond to a collection of information unless it displays a valid OMB control number.

Filed by or for 430100004
Patent subject to the Confidential Communications Act, 2003 (P.L. 401)

FEE TRANSMITTAL
For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 0

Complete if Known

Application Number	12/722 162
Filing Date	11/24/2003
First Named Inventor	Ted Dennis Blackway
Examiner Name	
Art Unit	2153
Attorney Docket No.	MS1 - 178SUS

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 12-0789 Deposit Account Name: Lee & Hayes, PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below

☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17

☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims Extra Claims Fee (\$): Fee Paid (\$):

Indep. Claims Extra Claims Fee (\$): Fee Paid (\$):

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fees Paid (\$)
100				

4. OTHER FEE(S)

Non-English Specification: \$130 fee (no small entity discount)

Other: _____

CLIENT KEY

Signature	Registration No. 44421	Telephone (509) 324-9256
Name (Print/Type) Brian G. Hart	Attorney Agent	Date 02/23/2005

This is an official information as required by 37 CFR 1.159. The information required to obtain or retain a benefit by the public which is to be used by the USPTO is hereby disclosed. Self-disclosure is required by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete. The collection is for the purpose of collecting the information required to complete the application and to reduce the burden. Any collection of information that is not required to complete the application and to reduce the burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

For more information on completing this form, call 1-800-PTO-9199 and select option 2



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Serial No. 10/722,182
Filing Date 11/24/2003
Confirmation No. 7008
Inventorship Tad Dennis Brockway
Applicant Microsoft Corporation
Group Art Unit 2153
Examiner
Attorney's Docket No. MS1-1788US
Title: Seamless Discovery of Workstation Installed Remote Applications from an
Extranet

INFORMATION DISCLOSURE STATEMENT

References -- See Attached Form PTO-1449

REMARKS

The citations listed, copies attached, are submitted in compliance with the duty of disclosure defined in 37 CFR §1.56. The Examiner is requested to make these citations of official record in this application.

Respectfully Submitted,

Date: 02/23/2005

By: Brian G. Hart
Brian G. Hart
Reg. No. 44421

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Substitute for form 1449/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT (use as many sheets as necessary)			Complete if Known		
			Application Number	10/722,182	
			Filing Date	11/24/2003	
			First Named Inventor	Tad Dennis Brockway	
			Group Art Unit	2153	
			Examiner Name		
Sheet	2	of	2	Attorney Docket Number	MS1-1788US

NON PATENT LITERATURE DOCUMENTS			
Examiner Initials*	Cite, No.	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
		Pascoe, Robert, "Salutation Architecture: Enabling Applications and Services", August 19, 1998, Salutation Consortium.	

Examiner Signature		Date Considered	
-----------------------	--	--------------------	--

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.

This collection of information is required by 37 CFR 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 120 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing the this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2